

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 601010

RECEIPT DATE: 07 / 25 / 00

IA NUMBER: PCT/ JP99 / 06571

IA FILING DATE: 11 / 25 / 99

FAMILY NAME: KURASHINA

DELAY WAIVED (Y/N): N

GIVEN NAME: HIROYASU

DEMAND RECEIVED (Y/N): N

PRIORITY CLAIMED (Y/N): Y

PRIORITY DATE: 11 / 27 / 98

NO BASIC FEE (Y/N): N

US DESIGNATED ONLY (Y/N): N

ATTORNEY DOCKET NUMBER: 81752.0090

COUNTRY: FAX

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2133376700
NAME: Hogan & Hartson LLP

NAME: N & HARTSON
Bethune Tower

STREET: 500 SOUTH GRAND AVENUE
SUITE 1900

CITY: LOS ANGELES

STATE/COUNTRY: CA ZIP: 90071

EMAIL:

APPLICATION TITLES:

IMAGE PRINTING METHOD AND APPARATUS

HS

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/601,010	FILING DATE 07/25/2000 RULE	CLASS 358	GROUP ART UNIT 2722 2622	ATTORNEY DOCKET NO. 81752.0090
-----------------------------	-----------------------------------	--------------	--------------------------------	--------------------------------------

APPLICANTS

Hiroyasu Kurashina, Nagano-Ken, JAPAN;

TLU(20)

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/JP99/06571 11/25/1999

** FOREIGN APPLICATIONS *****

TLU(20)

JAPAN 10-337552(P) 11/27/1998

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 09/13/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	JAPAN	45	60	2
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Hogan & Hartson
 Biltmore Tower
 Suite 1900
 500 South Grand Avenue
 Los Angeles, CA 90071

TITLE

Image printing method and its apparatus

FILING FEE RECEIVED 1560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------	---	---